

## INDIVIDUAL SERVICE PLAN

(Adolescents/Adults)

PART I: IDENTIFICATION				
NAME		SOCIAL SECURITY NUMBER		CSO NUMBER
TELEPHONE	DATE OF BIRTH	DDD NUMBER		DATE
ADDRESS	STREET	CITY	STATE	ZIP
				REPRESENTATIVE'S NAME
NAME AND TYPE OF FACILITY			WORKSITE/SCHOOL	
PARTICIPANTS				
INCOME <input type="checkbox"/> SSI - Amount \$ _____ <input type="checkbox"/> Other - Amount \$ _____				
<input type="checkbox"/> Social Security - Amount \$ _____ <input type="checkbox"/> Food Stamps				
<input type="checkbox"/> Wages - Amount \$ _____				
MEDICAL CONCERNS/ALERTS				
MEDICATION AND DOSAGE				
DOCTOR		TELEPHONE		DATE LAST SEEN
DENTIST		TELEPHONE		DATE LAST SEEN
<input type="checkbox"/> Medical Coupons <input type="checkbox"/> Other medical insurance (specify):				
PART 2: ASSESSMENT - CURRENT SUPPORT NEEDS				
CAP SCORES				
I. AGE-LEVEL RESIDENCE (OUTCOME)				
1. What supports does the person need to identify and respond safely to emergencies?  <div style="display: flex; justify-content: space-between;"> <div style="width: 18%;"> <input type="checkbox"/> Needs total physical support to respond to emergencies.             </div> <div style="width: 18%;"> <input type="checkbox"/> Needs help all of the time to identify emergencies and to respond.             </div> <div style="width: 18%;"> <input type="checkbox"/> Needs help some of the time to identify emergencies and to respond.             </div> <div style="width: 18%;"> <input type="checkbox"/> Independently identifies emergencies; needs help from others to respond.             </div> <div style="width: 18%;"> <input type="checkbox"/> Needs no help from others in emergencies.             </div> </div>				
2. Are people other than care providers available for this person to seek help from at any time?  <div style="display: flex; justify-content: space-between;"> <div style="width: 18%;"> <input type="checkbox"/> Has only care providers available.             </div> <div style="width: 18%;"> <input type="checkbox"/> Has someone available some of the time.             </div> <div style="width: 18%;"> <input type="checkbox"/> Has someone available most of the time.             </div> <div style="width: 18%;"> <input type="checkbox"/> Has someone available all of the time.             </div> </div>				
PART 2: ASSESSMENT - CURRENT SUPPORT NEEDS				
I. AGE-LEVEL RESIDENCE (OUTCOME) (CONTINUED)				
3. What support does the person need to practice age-level safety measures?				

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needs total physical support for safety measures in daily activities and routines.	Does not recognize own safety needs and requires help in most safety areas.	Knows importance of safety measures. Needs training and/or physical support in many areas.	Needs reminders or specific training in one or two safety areas.	Needs no support in providing for own safety.
4. What support does the person need to toilet self as is expected of others in his/her age group?				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needs total physical support to toilet self.	Indicates need but needs some physical support to toilet self.	Needs training to toilet self.	Needs reminders.	Needs no support. Toilets self.
5. What support does the person need to dress and groom self as is expected of others in his/her age group?				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needs total physical assistance for dressing and grooming self.	Needs training in dressing and grooming self.	Needs reminders to dress and groom self appropriately.	Needs help with appearance and recognizing styles.	Needs no support. At age level in dressing and grooming self.
6. What support does the person need to eat at age-level?				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needs total physical support to eat.	Needs some physical help in order to eat.	Needs moderate support in the form of training in how to use utensils, how to eat at age level.	Needs help in the form of reminders with manners and appearance when eating.	Needs no support. At age level in eating.
7. What support is needed for the person to prepare nutritional foods for self and others?				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total preparation of food by others.	With complete supervision and some physical assistance person may select and prepare some foods.	From available supplies prepares nutritious simple foods for breakfast and lunch which meet nutritional needs.	With supervision plans, buys and prepares more complex nutritious best-liked foods.	Needs no support. Plans, prepares nutritional diet (may have adapted environment).
<b>PART 2: ASSESSMENT - CURRENT SUPPORT NEEDS</b>				
<b>I. AGE-LEVEL RESIDENCE (OUTCOME) (CONTINUED)</b>				
8 What support is needed for the person to do home-management tasks at age-level?				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needs physical support all household	Needs physical assistance,	Needs moderate support in the form	With monitoring, prompting completes	Needs no support in doing daily

tasks done by others.	supervision in performance of all household tasks.	of training in some home management tasks.	all household tasks.	household tasks (may have adapted environmental/ physical supports).					
<p>9. What support does the person need to manage own money with age-level skills?</p> <table> <tr> <td><input type="checkbox"/> Someone else must handle all of person's money.</td> <td><input type="checkbox"/> Someone else must do all planning and closely supervise all money management.</td> <td><input type="checkbox"/> With weekly supervision person plans and manages money.</td> <td><input type="checkbox"/> Needs periodic monitoring in budgeting.</td> <td><input type="checkbox"/> Needs no supports in managing money.</td> </tr> </table>					<input type="checkbox"/> Someone else must handle all of person's money.	<input type="checkbox"/> Someone else must do all planning and closely supervise all money management.	<input type="checkbox"/> With weekly supervision person plans and manages money.	<input type="checkbox"/> Needs periodic monitoring in budgeting.	<input type="checkbox"/> Needs no supports in managing money.
<input type="checkbox"/> Someone else must handle all of person's money.	<input type="checkbox"/> Someone else must do all planning and closely supervise all money management.	<input type="checkbox"/> With weekly supervision person plans and manages money.	<input type="checkbox"/> Needs periodic monitoring in budgeting.	<input type="checkbox"/> Needs no supports in managing money.					
<p>10 What support is needed for the person to make age-level purchases?</p> <table> <tr> <td><input type="checkbox"/> Someone else must make all purchases.</td> <td><input type="checkbox"/> Someone else must closely supervise all shopping.</td> <td><input type="checkbox"/> With weekly supervision person shops for self.</td> <td><input type="checkbox"/> Needs periodic monitoring in deciding where, when, how much to spend.</td> <td><input type="checkbox"/> Needs no system supports in making purchases.</td> </tr> </table>					<input type="checkbox"/> Someone else must make all purchases.	<input type="checkbox"/> Someone else must closely supervise all shopping.	<input type="checkbox"/> With weekly supervision person shops for self.	<input type="checkbox"/> Needs periodic monitoring in deciding where, when, how much to spend.	<input type="checkbox"/> Needs no system supports in making purchases.
<input type="checkbox"/> Someone else must make all purchases.	<input type="checkbox"/> Someone else must closely supervise all shopping.	<input type="checkbox"/> With weekly supervision person shops for self.	<input type="checkbox"/> Needs periodic monitoring in deciding where, when, how much to spend.	<input type="checkbox"/> Needs no system supports in making purchases.					
<p>11. What support does the person need to most effectively relate to fellow workers and/or students?</p> <table> <tr> <td><input type="checkbox"/> Needs physical support by others in the form of interpretation of self to others to interact with peers.</td> <td><input type="checkbox"/> Needs physical intervention in the form of modeling to enable person to reach out to peers to give and take support.</td> <td><input type="checkbox"/> Needs much encouragement, supervision and guidance in how to give and ask for support and interact with peers.</td> <td><input type="checkbox"/> Needs minor support in the form of encouragement to initiate interaction with other workers/ students.</td> <td><input type="checkbox"/> Without support, person relates to others as a valued member of Work/ Learning unit.</td> </tr> </table>					<input type="checkbox"/> Needs physical support by others in the form of interpretation of self to others to interact with peers.	<input type="checkbox"/> Needs physical intervention in the form of modeling to enable person to reach out to peers to give and take support.	<input type="checkbox"/> Needs much encouragement, supervision and guidance in how to give and ask for support and interact with peers.	<input type="checkbox"/> Needs minor support in the form of encouragement to initiate interaction with other workers/ students.	<input type="checkbox"/> Without support, person relates to others as a valued member of Work/ Learning unit.
<input type="checkbox"/> Needs physical support by others in the form of interpretation of self to others to interact with peers.	<input type="checkbox"/> Needs physical intervention in the form of modeling to enable person to reach out to peers to give and take support.	<input type="checkbox"/> Needs much encouragement, supervision and guidance in how to give and ask for support and interact with peers.	<input type="checkbox"/> Needs minor support in the form of encouragement to initiate interaction with other workers/ students.	<input type="checkbox"/> Without support, person relates to others as a valued member of Work/ Learning unit.					
<p><b>PART 2: ASSESSMENT - CURRENT SUPPORT NEEDS</b></p> <p style="text-align: center;"><b>II. EARN MINIMUM WAGE (OUTCOME)</b></p>									
<p>12. What support does the person need to most effectively relate to his/her supervisor(s) and/or teacher(s)?</p> <table> <tr> <td><input type="checkbox"/> Supervisor must initiate all contact for work instruction, work accomplishment.</td> <td><input type="checkbox"/> Needs major support in relating to supervisor. Recognizes authority but needs daily intervention in order</td> <td><input type="checkbox"/> Needs moderate support in relating to supervisor. Recognizes role of supervisor but needs significant</td> <td><input type="checkbox"/> Needs minor support in the form of monitoring to seek direction appropriately, follow through on work</td> <td><input type="checkbox"/> Needs no support. Relates effectively with supervisor/ teacher, i.e., seeks out</td> </tr> </table>					<input type="checkbox"/> Supervisor must initiate all contact for work instruction, work accomplishment.	<input type="checkbox"/> Needs major support in relating to supervisor. Recognizes authority but needs daily intervention in order	<input type="checkbox"/> Needs moderate support in relating to supervisor. Recognizes role of supervisor but needs significant	<input type="checkbox"/> Needs minor support in the form of monitoring to seek direction appropriately, follow through on work	<input type="checkbox"/> Needs no support. Relates effectively with supervisor/ teacher, i.e., seeks out
<input type="checkbox"/> Supervisor must initiate all contact for work instruction, work accomplishment.	<input type="checkbox"/> Needs major support in relating to supervisor. Recognizes authority but needs daily intervention in order	<input type="checkbox"/> Needs moderate support in relating to supervisor. Recognizes role of supervisor but needs significant	<input type="checkbox"/> Needs minor support in the form of monitoring to seek direction appropriately, follow through on work	<input type="checkbox"/> Needs no support. Relates effectively with supervisor/ teacher, i.e., seeks out					

to learn what a supervisor does and how to use that person.

instruction in how and when to use supervision appropriately.

instruction and find ways to settle differences.

supervisor appropriately; accepts supervision and direction; and follows through on work instruction.

13. What support does the person need to take responsibility for getting to work and/or school on time?

☐

Requires total physical support.

☐

With major support from someone else in some but not all activities, person gets to work/school on time.

☐

With moderate support in the form of some training and some physical supports person takes responsibility for self.

☐

Needs some monitoring to ensure physical support is working or training remains effective.

☐

Needs no support.

14. What support is needed for person as an adult to earn at least minimum wage?

☐

No working. Does not desire employment.

☐

Current system unable to overcome substantial health or physical disabilities of person to insure marketable work skills.

☐

Major support required for person to maintain work career. One-to-one training on new tasks which are systematically broken down and done in sequential steps is needed for marketable skill.

☐

Needs identification of own individual marketable interest and skill and specialized training. May also need environmental modification or specific adaptive device.

☐

Has identified own marketable work skills/career option; needs special support in typical job market to identify and obtain specific job.

☐

Has identified marketable work skills/career and is at age-level in finding a job.

## PART 2: ASSESSMENT - CURRENT SUPPORT NEEDS

### III. AGE-LEVEL CONTACTS/RELATIONSHIPS (OUTCOME)

15. What support is needed for person to have age-level relationship with family members?

☐

No family available to this person.

☐

Opportunities for contributing to family life totally dependent on others to maintain, interpret person's role in family.

☐

Requires major support in the form of daily/weekly creation of opportunities to be seen as a contributing member of the family.

☐

Requires moderate support in the form of adaptive device, training and reminders to be seen as a contributing member of the family.

☐

Needs minor support in seeing self and being seen as a contributing member of the family.

☐

Needs no support to form positive family relationship.

16. What support is needed for person to make friendships with others including non-handicapped persons outside the family?

☐

Opportunities for establishing relationships are totally dependent on physical help from others to initiate and maintain, contact and interpret self to others.

☐

Requires daily support to insure person is not seen by others and self as very different from others and/or as much younger and dependent.

☐

Requires weekly encouragement to reach out to others to form relationships which are typical to person's age group.

☐

Initiates, forms and participates in typical relationships in which person needs minor support in access to a variety of opportunities to see self or be seen as contributing member of relationships.

☐

Needs no support. has a variety of opportunities to initiate, form and participate in relationships which are typical to other of the same age. (Person assumes typical roles which are valued by self and others.)

17. What support is needed for the person to use typical community resources (including leisure time) at age level?

☐

Needs total physical support in selecting, planning and using typical resources.

☐

Needs major support in the form of individualized instruction and ongoing supervision of participation.

☐

Needs moderate support in the form of instruction and periodic monitoring.

☐

Needs minor support in the form of information and encouragement to plan and use resources.

☐

Needs no support. uses typical integrated community resources at age level.

## PART 2: ASSESSMENT - CURRENT SUPPORT NEEDS

### III. AGE-LEVEL CONTACTS/RELATIONSHIPS (OUTCOME) (CONTINUED)

18. What support does the person need to use general community transportation system?

☐

Requires specialized transportation with major adaptation for all activities.

☐

Needs specialized support for transportation to all activities (includes intensive one-on-one training or supervision).

☐

Moderate support needed in use of typical transportation, i.e., support training supervision.

☐

Needs minor support in using transportation for unfamiliar situations.

☐

Needs no support. Uses transportation at age level.

19. What support is needed for this person to have behaviors which promote being included?

☐

Needs major tolerance and control. Could include being dangerous to self and/or others.

☐

Needs major behavior modifications to be perceived as typical. Person's behaviors are extremely disagreeable to others.

☐

Needs participation in typical settings with non-handicapped others to model desirable behaviors. Person's behaviors cause him/her to be easily recognized as different from others.

☐

Needs interactions with non-handicapped people. Person's behaviors are different from others in minor ways and the person may not immediately be perceived as different.

☐

Needs no support. Behaviors are similar to others in general community of same age and culture.

20. What support does the person need to make those arrangements which meet own therapy and health needs?

☐

Person needs medical health intervention by professionals at least daily.

☐

Person needs frequent daily/weekly support and/or monitoring by trained others.

☐

Needs consistent supervision of health and instruction in how to take care of own health needs. May need some physical support.

☐

Needs occasional (monthly or less) monitoring of health needs, reminders.

☐

Needs no support. Person takes care of own health needs.

**INDIVIDUAL SERVICE PLAN (ADOLESCENTS/ADULTS)**

NAME	DATE
------	------

**PART 3**

OUTCOME	SHORT RANGE GOAL	SERVICES/METHODS	FACILITATOR	MONITORING PLAN

ISP PART 4: SIGNATURES		
NAME	DDD NUMBER	
<b>APPROVAL OF SERVICE PLAN</b>		
<p>I have reviewed the INDIVIDUAL SERVICE PLAN and agree to the goals and services in PART 3. This service plan is not a guarantee of service per WAC 388-825-050.</p> <p>New goals shall not be added without my prior approval and signature.</p>		
CLIENT'S SIGNATURE	DATE	
REPRESENTATIVE'S SIGNATURE	DATE	
CASE/RESOURCE MANAGER'S SIGNATURE	DATE	
<b>YOUR APPEAL RIGHTS</b>		
<p>You have ninety (90) days from receipt of this notice to request an administrative hearing to appeal this action.</p> <p><input type="checkbox"/> You are currently receiving a paid service from DDD and want the service continued during your appeal. You must file your request for an administrative hearing by: _____.</p> <ul style="list-style-type: none"> <li>If you choose to continue this paid service and the final decision upholds the department's action, you may be responsible to repay up to 60 days of paid services.</li> <li>If you do not want your paid services to continue, contact:</li> </ul> <div style="margin-left: 40px; margin-top: 10px;"> <div style="display: flex; justify-content: space-between; width: 80%;"> <div style="border-bottom: 1px solid black; width: 40%; text-align: center;">CASE/RESOURCE MANAGER</div> <div style="text-align: center;">at</div> <div style="border-bottom: 1px solid black; width: 40%; text-align: center;">TELEPHONE NUMBER</div> </div> </div>		
<p>You have the following rights:</p> <ol style="list-style-type: none"> <li>1. To be represented (you may be eligible for free legal assistance);</li> <li>2. To request a copy of your file and all information reviewed by DDD to make its decision;</li> <li>3. To submit documents into evidence;</li> <li>4. To testify at the hearing and to present witnesses to testify on your behalf; and</li> <li>5. To cross examine witnesses testifying for the department.</li> </ol> <p>A form for requesting an administrative hearing is enclosed.</p>		
<b>QUESTIONS</b>		
If you have questions about this decision or appeal process, please contact:		
NAME	TELEPHONE NUMBER	LOCAL OFFICE





**INDIVIDUAL SERVICE PLAN  
(Adolescents/Adults)  
REQUEST FOR HEARING**

Per Chapter 388-02 for DSHS hearing rules.

FOR AGENCY USE ONLY

☐ Oral request taken by:

NAME

TELEPHONE NUMBER

INVOLVED DIVISION/ORGANIZATION

**MAIL TO:** OFFICE OF ADMINISTRATIVE HEARING (OAH), MAIL STOP: 42489  
PO BOX 42489  
OLYMPIA WA 98504-2489

**FAX:** 360-586-6563

I request a hearing because I disagree with the following service or provider decision by the Division of Developmental Disabilities (DDD).

YOUR NAME (PLEASE PRINT)

DATE OF BIRTH

ADDRESS OF PERSON REQUESTING HEARING

CLIENT ID NUMBER

CITY

STATE

ZIP CODE

TELEPHONE NUMBER (INCLUDE AREA CODE)

☐ MESSAGE PHONE

**I was notified of the decision on:** \_\_\_\_\_ **by:** \_\_\_\_\_  
DATE DSHS OFFICE NAME AND LOCATION

**I want continued assistance, if I am eligible:** ☐ Yes ☐ No **Program:** \_\_\_\_\_

I am represented by (if you are going to represent yourself, do not fill in the next two lines):

YOUR REPRESENTATIVE'S NAME

ORGANIZATION

TELEPHONE NUMBER

ADDRESS STREET

CITY

STATE

ZIP CODE

☐ **I authorize release of information about my hearing to my representative.**

YOUR SIGNATURE

DATE

Do you need an interpreter or other assistance or accommodation for the hearing? ☐ Yes ☐ No

If yes, what language or what assistance? \_\_\_\_\_

Administrative Law Judges (ALJ's) may hold some hearings by telephone. If you want to change to an in-person hearing. Follow the instructions in the Notice of Hearing that will be mailed to you by OAH.